



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

|   |         |  |         |
|---|---------|--|---------|
| <b>DOCUMENT # L01000007295</b>  |         |   |         |
| 1. Entity Name<br>LUMBER 1, L.L.C.  |         |  |         |
| Principal Place of Business<br>720 FRANKLIN LANE<br>SUITE 100<br>ORLANDO FL 32801   |         | Mailing Address<br>720 FRANKLIN LANE<br>SUITE 100<br>ORLANDO FL 32801  |         |
| 2. Principal Place of Business  |         | 3. Mailing Address   |         |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.  |         |
| City & State  |         | City & State   |         |
| Zip   | Country | Zip  | Country |
| 6. Name and Address of Current Registered Agent<br><br>WRIGHT, STEPHEN B<br>720 FRANKLIN LANE<br>SUITE 100<br>ORLANDO FL 32801  |         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |         |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. |         |  |         |
| SIGNATURE   |         | DATE 01-20-05  |         |
| Signature, typed or printed name of registered agent and title if applicable  |         | (NOTE: Registered Agent signature required when reinstating)   |         |
| <p align="center"><b>FILE NOW!!! FEE IS \$50.00</b><br/> <b>Make Check Payable to Florida Department of State</b><br/> <b>Due By May 1, 2005</b></p>  |         |  |         |



1st MOORE CR2E083 (10/04)

4. FEI Number 59-3719172 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

| 9. MANAGING MEMBERS/MANAGERS                       |  | 10. ADDITIONS/CHANGES                              |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>WRIGHT, STEPHEN B<br>4572 EDEN WOODS CR<br>ORLANDO FL 32810 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VP<br>STEPHENS, KEITH L<br>381 JUNGLE RD<br>GENEVA FL 32732 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | 1000000221196 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>02/09/05-80022-017 50.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  Stephen B. Wright 01-24-05 407-889-0861  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #